|  |   |  |                   |          |                 |                  |     |       | Application or Docket Number |               |         |  |        |  |  |  |  |  |  |  |  |  |  |
|--|---|--|-------------------|----------|-----------------|------------------|-----|-------|------------------------------|---------------|---------|--|--------|--|--|--|--|--|--|--|--|--|--|
| :  | PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  106 35 8 9  |  |                   |          |                 |                  |     |       |                              |               |         |  |        |  |  |  |  |  |  |  |  |  |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                         |   |  |                   |          |                 |                  |     |       | SMALL ENTITY TYPE O          |               |         | OTHER THAN   |        |  |  |  |  |  |  |  |  |  |  |
| TOTAL CLAIMS   |   |  | 13                |          |                 |                  |     | RA    | E                            | FEE           |         | RATE   | FEE    |  |  |  |  |  |  |  |  |  |  |
| FOR  |   |  | NUMBER FILED      |          | NUMBER EXTRA    |                  |     | BASIC | FEE                          | 375.00        | OR      | BASIC FEE  | 750.00 |  |  |  |  |  |  |  |  |  |  |
| TOTAL CHARGEABLE CLAIMS  |   |  | 18 minus 20=      |          | ·               |                  |     | XS    | 9=                           | •             | OR      | X\$18=   |        |  |  |  |  |  |  |  |  |  |  |
| INDE   | PENDENT CL  | NMS  | 9 minus 3 =       |          | í á             |                  |     | X4:   | <b>?=</b>                    |               | OR      | X84s   | 50°    |  |  |  |  |  |  |  |  |  |  |
| WUL  | TIPLE DEPEN   | DENT CLAIM PR  | ESENT             |          |                 |                  |     | +14   | 0=                           |               | OR      | +280=  |        |  |  |  |  |  |  |  |  |  |  |
| If the difference in column 1 is less than zero, enter "0" in column 2 |   |  |                   |          |                 |                  |     | TO    | AL                           |               | OR      | TOTAL  | 1254   |  |  |  |  |  |  |  |  |  |  |
| CLAIMS AS AMENDED - PRACH 11/16/04 OTHER THAN                          |   |  |                   |          |                 |                  |     |       |                              |               |         |  |        |  |  |  |  |  |  |  |  |  |  |
| (Column 1) (Column 2) (Column 3)                                       |   |  |                   |          |                 |                  |     | SM    | W.                           | ADDI-         | OR<br>I | SMALL  | ADDI   |  |  |  |  |  |  |  |  |  |  |
| ٨  |   | REMAINING<br>AFTER   |                   |          | BER PR          | PRESENT          |     | RATE  | TE                           | TIONAL        |         | RATE   | TIONAL |  |  |  |  |  |  |  |  |  |  |
| AMENDMENT A  |   | AMENDMENT  |                   |          | FOR             | 24               | 1   | -     | <u> </u>                     | FEE           |         | X\$18=   | FEE    |  |  |  |  |  |  |  |  |  |  |
| 2  | Total   | • .3   | Minus<br>Minus    |          | 4               | - 6              | 1   | XS    | _                            |               | OR      | X84•   |        |  |  |  |  |  |  |  |  |  |  |
| M  | FIRST PRESENTATION OF MULTIPLE DEPENDEN   |  |                   |          | TOLAIM          |                  | 1   | _×    | 23                           | <u> </u>      | OR      |  |        |  |  |  |  |  |  |  |  |  |  |
| Ш  |   |  |                   |          |                 | 1 /8             | _   | +14   |                              |               | OR      | +280-  |        |  |  |  |  |  |  |  |  |  |  |
|  | 12 8 11 11 11 10 11 12  |  |                   |          |                 |                  |     | ADDIT | FEE                          | •             | OR      | ADDIT, FEE   | L      |  |  |  |  |  |  |  |  |  |  |
| K  | -8-05   | (Column 1)   | · · · · · ·       |          | mn 2)<br>HEST   | (Column 3)       | 4.  |       |                              | ADDI-         | 1       |  | ADDI-  |  |  |  |  |  |  |  |  |  |  |
| 1 B  | REMAINING<br>AFTER  |  | PRE               |          | MBER PRESENT    |                  |     | PATE  |                              | TIONAL        |         | RATE   | TIONAL |  |  |  |  |  |  |  |  |  |  |
| AMENOMENT  |   | MAENDMENT  |                   |          | O FOR           | -                | ┨   | X3 9- | ۵.,                          | FEE           | 1       | X\$18-   | FEE    |  |  |  |  |  |  |  |  |  |  |
| END  | Total<br>Independent  | . 3  | Minus             | ** (     | $\frac{20}{a}$  | -                | 1   |       | <del>-</del>                 | ╂╌╌           | OR      | 1  |        |  |  |  |  |  |  |  |  |  |  |
| AM   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                      |  |                   |          |                 |                  | 1   | ×     |                              | <del> </del>  | OR      | -  |        |  |  |  |  |  |  |  |  |  |  |
| 11   | 1511  |  |                   |          |                 |                  |     |       | 10=<br>074                   | 1             | OR      | 1014   |        |  |  |  |  |  |  |  |  |  |  |
| 14, 15, 16,  ADDIT. FEE  OR ADDIT. FEE  (Column 2) (Column 3)          |   |  |                   |          |                 |                  |     |       |                              |               |         |  |        |  |  |  |  |  |  |  |  |  |  |
| <b> _</b> _  | 1100  | (Column 1)   |                   |          | umn 2)<br>Stest | (Column 3        | 4   |       |                              | ADDI-         | 1       |  | ADDI-  |  |  |  |  |  |  |  |  |  |  |
| 2  |   | REMAINING<br>AFTER   |                   | PRE      | MBER<br>MOUSLY  | PRESENT<br>EXTRA | 1   | R     | TE                           | TIONAL        |         | RATE   | TIONAL |  |  |  |  |  |  |  |  |  |  |
|  |   | AMENDMENT  | Views             | PAI      | D FOR           | <del>[</del>     | 1   | H.    | 8=                           | FEE           | 1       | X318-  | 1      |  |  |  |  |  |  |  |  |  |  |
| AMENDMEN   | Independent   | 1: 2   | Minus             |          | <u>.a</u>       | -                | 1   |       |                              | -             | - OR    | ¥94-   | +      |  |  |  |  |  |  |  |  |  |  |
| 13   |   | ENTATION OF N  | 1                 | PENDE    | NT CLAIL        |                  | J   | F     | 12=                          | ┼             | - OR    | `  | 1-     |  |  |  |  |  |  |  |  |  |  |
|  | If the entry in column 1 is less than the entry in column 2, write "I" in column 3. |  |                   |          |                 |                  |     |       | 40=                          |               | JOR     | +280=<br>TOTA  | .—     |  |  |  |  |  |  |  |  |  |  |
|  | If the "Highest N   | umber Previously   | Paid For IN TH    | SSPAC    | FRICH           |                  | 50. | . 400 | TOTAL<br>T. FEI              | Ē <b></b>     | JOR     | ADDIT. FE  |        |  |  |  |  |  |  |  |  |  |  |
| -  | "If the "Highest N<br>The "Highest Nu   | umber Previously<br>umber Previously<br>umber Previously P | Peid For (Total o | x Indepe | nderil) is i    | ve highest nur   |     |       |                              |               |         |  |        |  |  |  |  |  |  |  |  |  |  |
| 1  |   |  |                   |          | 0 - 400-277     |                  | _   |       | of Tree                      | Common Colore | us o    | The Trighest Number Previously Poid For" IN THIS SPACE is less than 3, such in the appropriate box in column 1.  The Trighest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.  Patent and Tradement Office, U.S. DEPARTMENT OF COMMEN |        |  |  |  |  |  |  |  |  |  |  |

Application or Docket Number